

**MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
Wednesday November 1, 2017 – Final minutes
At: San Ramon Regional Medical Center
6001 Norris Canyon Road, San Ramon, CA
South Conference room**

| Agenda Item / Discussion | Action / Follow-Up |
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| <p>I. Call to Order / Introductions Commission Chair Duane Chapman called the meeting to order at 4:38pm</p> <p><u>Members Present:</u> Chair- Duane Chapman, District I Vice Chair- Barbara Serwin, District II Supervisor Candace Andersen, District II Diana MaKieve, District II Meghan Cullen, District V (arrived late @4:46pm) Michael Ward, District V Gina Swirsding, District I Douglas Dunn, District III Patrick Field, District III</p> <p><u>Commissioners Absent:</u> Geri Stern, District I Lauren Rettagliata, District II Sam Yoshioka, District IV</p> <p><u>Other Attendees:</u> Vern Wallace, LMFT- Child and Adolescent Program Chief for BHS Dr. Dan Batiuchok, Mental Health Detention Program Manager for Juveniles and Probation Services Warren Hayes, MHSA Program Manager for CCBHS Adam Down, MH Project Manager Jill Ray, Field Representative for District II, Supervisor Andersen’s Office Kathy Chiverton, Executive Director for Discover Counseling Center Shirley Jacks, Discovery Counseling Center Patty Hoyt, Alcohol and Drug Coordinator for Discovery Counseling Center Mark Goodwin, Representative for District III, Supervisor Burgis’ Office Colleen Isenberg, Representative for District IV, Supervisor Mitchoff’s Office Chief Alex Shields- for Police Department Blake Chestnut, San Ramon Police Department Bill Farce, San Ramon PD Sargent Nathen Jones -San Ramon Police Department Ken Nelson, Director of Student Services San Ramon Valley Unified School District Kevin Athen, MVHS/SRVUSD Sue Goldman, GRMS/SRVUSD- School Principal at Gale Ranch Middle School Leysy Pelayo- San Ramon Police Department Linda Turnbali, Teen Esteem Crystal Luna, Program Manager for CC-ACTION TEAM -AOT Program Nick Velasides- Chaplain for San Ramon PD, Fire and Sheriff’s Office</p> | <p>EA-Transfer recording to computer</p> |

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| <p>Leslie May, applicant for MHC Erika Raulston, applicant for MHC Chris Oradell (?), CHEVRON Graham Wiseman, 2nd Vice President for NAMI Contra Costa- Community Andy, Li- Community Liza A. Molina-Huntley, EA for MHC</p> | |
| <p>II. Public Comments:</p> <ul style="list-style-type: none"> • Sue Goldman – working with grade school aged children (Middle School level), wondering if there are services available for families and kids in their area, when showing early signs of mental health issues. Not able to find resources to direct parents to. • Kathy Chiverton- most attendees are representatives of the San Ramon Valley Advisory Council of Mental Health. The Council meets quarterly, to discuss mental health issues, best practices, community assistance for developmental mental health • Erika Raulston-works for private agency, assisting clients to become independent. Main issue is finding mental health resources for clients and long lapse in time, in between appointments. How does the community plan to solve the issue, so that clients can see a therapist every week, instead of every 6 to 8 weeks? | |
| <p>III. Commissioner Comments:</p> <ul style="list-style-type: none"> • Barbara- read letter, from Rabbi Judy Shanks from Temple Isaiah in Lafayette, honoring Diana MaKieve for her work, for the past 10 years, towards helping reduce stigma of mental illness. Obtaining grants, organizing support groups, providing educational workshops, webinars, conferences, providing resources and more, to provide a multitude of people with strength, compassion, hope and healing • Patrick Field- future is the children and the problem is that it is all tied up in money. The needs are recognized but people don't want to spend the money. The mental health problem is very serious with public health care • Douglass Dunn- recently made aware of issues with Hope House, a crisis residential treatment facility. Hopes that the Mental Health Commission looks at the issue, very seriously, at the December meeting – there are five to six beds a day, vacant. This is extremely serious considering the crisis for psychiatric beds, at any level in the county. | <p>*See attached letter</p> |
| <p>IV. Chair Announcements-</p> <ul style="list-style-type: none"> • The next Assisted Outpatient Treatment (AOT) meeting will be on Friday January 19, 2018, 10am to noon, at 50 Douglas Drive in Martinez, on the second floor- the meeting is open to the public. • AOT needs a volunteer, from the Commission, to co-chair the next meeting • Douglas Dunn volunteered to co-Chair the AOT January 19 meeting • Glad to see a larger number of attendees • Community help is needed to address mental/behavioral health crisis in Contra Costa County • All Commissioners received DVD copies of the Mental Health Commission's 2017 retreat on 9/16/17 • Chair and Vice Chair attended the Family and Human Services meeting- a good meeting, formed a partnership, and both Supervisors, Andersen and Gioia, were very supportive of both Behavioral Health Division and | <p>*Douglass Dunn will co-Chair the next AOT meeting on 1/19/18</p> <p>*MHSA FINAL FORUM on 12/7/17, from 2:30pm to 5:30pm, at the Brentwood Community Center- please RSVP via email: mhsa@hsd.cccounty.us</p> |

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| <ul style="list-style-type: none"> the Commission’s report. The Supervisors made it clear to listen The next and final, community forum, for the Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan update for Fiscal year 2018-19 will be on Thursday December 7th, from 2:30pm to 5:30pm, at 35 Oak Street in Brentwood – RSVP via email at: mhsa@hsd.cccounty.us. Had over 100 people at both previous forms in, West County and at the Central forum in Martinez | |
| <p>V. MOTION to APPROVE minutes from October 4, 2017 meeting Gina moved to motion, Patrick seconded the motion *no corrections needed</p> <ul style="list-style-type: none"> VOTE: 9-0-0 YAYS: Supervisor Andersen, Duane, Gina, Doug, Diana, Barbara, Meghan, Patrick, and Mike NAYS: none ABSTAIN: none ABSENT: Geri Stern, Lauren Rettagliata and Sam Yoshioka | <p>*Post final minutes to MH website at: http://cchealth.org/mentalhealth/mhc/agendas-minutes.php</p> |
| <p>VI. RECEIVE updates regarding partnership programs throughout county school districts aiding in intervention among youth –Vern Wallace, Children and Adolescent Program Chief</p> <ul style="list-style-type: none"> The County previously provided school based services and partnering with school districts. There were numerous changes in 2011, changing the relationship between the school districts and the County’s mental health services. In prior years, there was more of a partnership, frequent meetings, discussing and assisting cases whether they were Medi-Cal or not Medi-Cal. The Governor eliminated 8036 and 8032, funding education with the 8114 bill dollars. Some of the school districts decided that they wanted to develop their own mental health program, in house, and proceeded to do so. Most recently, some school districts, are partnering more with the County services, in providing mental health services to children, from elementary to teens. Pittsburg Unified Schools is one of the districts, working with the county, to provide support to contractors. There is a contract with Martinez Unified to do school aged services for special education kids. For 20 years, the County has been working with Mount Diablo Unified School District (MDUSD), providing mental health services. The County is also working with West County Unified, supports development of a wraparound program and fund a number of contractors in West Contra Costa Unified Now, with the Continuum of Care Reform (CCR), residential care is an issue and will be limited to 90 days, six months at the most. During the past year, there has been an increase in interest from school districts wanting to partner with the County. Part of the issue is that there are a lot more children in all the communities that need mental health services The County is currently expanding the Mobile Response Team (MRT). The team is made up of mental health clinicians, for crisis intervention, available from 7am to 11pm. They are accessible to the community. Questions: Has anyone asked the kids what services that they feel they might need? County doctors are limited in availability, time and quantity and until it changes, people are not going to get the help they need. Nothing will get better. Response: We have tried to develop, a number of best practices for families and children. We are one of counties in the state that actually | <p>*Provide Crisis Mobile Response Team’s phone number</p> <p>*Provide updated information, at the next MHC meeting, regarding the MRT team: how many in a team, at each office, area served, how many serving for adults, children and what areas and what services are provided</p> |

hires "Family Partners" that are consumer workers, to help us learn how to be better with parents and they help with a number of things that we would not be able to do without the Family Partners, we currently have 13 Family Partners and we are working on ramping up to hire more, probably 19 by the end of the year. They are crucial in the system to performing the tasks in assisting parents. We also have a "Children's and Youth Advisory Committee" that Commissioners, advocates and school district folks are invited to attend. The Family Partners are people who have been through our system or have a family member of someone that has been through our system. The Advisory Committee meets monthly I attend, to provide as much information as I can.

- **Questions:** In West County Unified, (elementary school), parents go to the schools, seeking mental health help for their child, they can't find support. Are there counselors in the school to help the parents with their children with mental illness? Especially for Spanish speaking families.
- **Response:** The County is assisting 52 schools in West County, all with contractors: Bay Area Counseling, Seneca Center, Asian America, those agencies are all in the schools. The referral process to get to the agencies goes through the usual school process, starting with a study team and up to the principal for a referral for mental health services. Principals make the referral for screening and services. There was a mental health service program being developed with Richmond High School but it was poorly accepted and dissolved. Teens did not want a mental health clinic on campus. We do have contractors that serve the Spanish speaking families in the West County community
- Again, the big change coming will be through Child and Family Services with Continuum of Care Reform- many kids are going to be returned home from residential group home placement within 90 days, when the previous average length of stay has been 18 months. So there will be many more kids in need of services and we will need to be partnering with education to be able to provide the services because of this restriction on residential treatment, which will also require out state contracts; but the out of state facilities do not have to agree to follow the Continuum of Care Reform regulations, contract or agree to take the kids that we need to send. This will force a number of changes later on. It is such a big issue that it does require all the agencies to partner with one another.
- **Question:** Is there assistance, through the MRT, for parents/families and what are the criteria?
- **Response:** In general the child has to be at risk of hospitalization and self-harm, or harm to others. The goal of mobile response is to defer hospitalization, reducing the number of 5150s, they are available seven days a week, by phone and can be dispatched and onsite approximately within an hour. They intervene in the family system, with the crisis team, but the service is not directed at the family, it is directed towards the individual when the crisis is occurring. Their job is to stabilize the crisis and move the youngster having the crisis to appropriate care. They will come out, after, to do intervention with the child and the family, but not ongoing. The team will connect the family to the appropriate services needed. Parents, school, anyone can call.

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| <p>VII. RECEIVE and DISCUSS updates from the Assisted Outpatient Treatment (AOT) quarterly meetings- Warren Hayes, MHSA Program Manager</p> <ul style="list-style-type: none"> • Gave an overview, referencing the Research Development Associates (RDA) report (attached with meeting packet) that recently provided an evaluation of the AOT program. RDA provides two evaluations for the County: one- specific to the fiscal year July 1 through June 30, and the second part is there is an official report each county is required to turn into the state once a year. The County receives two reports that are staggered. There is a lot of data gathering and meetings to sort through the data to analyze it. Because the program is provided with MHSA funds, all of the 80 programs funded have the program requirement to provide reports, they are open, transparent and invite participation • The workgroups are open to the public, approximately 30 attend, from the courts, county, staff, consumer, Commission representatives, NAMI- they have an active interest in the program, giving everyone a chance to enter into a dialogue about the program • The report was presented to the Board of Supervisors on October 17 • The program is serving the population that it was intended for, over 90% of those served have psychiatric emergency services a year before they were referred to the program • A fidelity assessment was done, on the evidence based practice, and scored high last year and this year, indicating that the practices are being adhered • The incidents of inpatient hospitalizations and the indicators demonstrate significant decrease as a result of the treatment provided • A strategy recommended to use the court systems, sooner, as an outreach and engagement to those who are resistant to treatment • Individuals must meet all nine criterion to be eligible for the program • MHSA –data manager set up a way to track the items in the plan to maximize enrollment in the services that the mental health services systems provides • Statewide quarterly phone meetings, with (AOT) representatives from other counties (Kern, Orange, San Diego, San Luis Obispo, San Francisco, Santa Barbara, Ventura and Los Angeles) engaged in the program. Almost every county, in the last few months have had a significant drop in referrals. Secondly, several counties have not submitted one petition. Orange County did the most, and one in ten would engage in the court process, the average is one in twenty. A couple of reasons were: no cooperation from their County Counsel Office and/or court system. Contra Costa County has a wonderful cooperation with our County Counsel and court system. All were continuing to obtain voluntary enrollments. • The 75 AOT slots can be ongoing, if they are volunteering for services. The six month or one year requirement is a defined by the courts and the individual may disappear because they are resistant to treatment, that even with a court order, they are still resistant and can remove themselves or request to stop engagement at anytime • Question: How is Law Enforcement made aware of this program? What kind of outreach is being done? • Response: The Forensics Mental Health team, headed by Dr. Marie Scannell, part of her duties is to have an active outreach to all the law enforcement entities. Part of the plan is to reinitiate contact, update | <p>*Douglas Dunn will co-Chair the next AOT meeting on 1/19/18 and MHSA Program Manager will provide staff support and send out requests for agenda items and will meet with co-Chairs and they come up with an agenda</p> <p>*Crystal Luna, provided additional information to the audience and is a service provider for the AOT program</p> <p>*MHC requests MET to provide a presentation and updates to the Commission in a near future</p> |
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| | and market the program better. Dr. Scannell is also going out with her Management Health Evaluation Team (MHET) to do outreach and to first responders, as well as to the homeless program. | |
| VIII. | <p>RECEIVE updates regarding the Mental Health Services Act (MHSA) budget planning process- Warren Hayes, MHSA Program Manager</p> <ul style="list-style-type: none"> • Part of the transparent funding process, it is tracked by the County's Finance department, stakeholders and the state. • Financial Summary is provided to the MHSA/Finance Committee, as agreed each quarter and update CPAW and the MHC. • Attachment provided is a draft of the first quarter of the budget fiscal year. • There will be adjustments made, this document is not finalized! It is only a draft. | *See draft attachment (Revisions will be made and document will be finalized at a later date. Another update will be provided to the Commission at a later meeting) |
| IX. | <p>VOTE and ELECTION for the 2018 Chair, Vice Chair and three Executive Committee members</p> <ul style="list-style-type: none"> • All nine members voted: Supervisor Andersen, Duane Chapman, Barbara Serwin, Mike Ward, Diana MaKieve, Douglas Dunn, Meghan Cullen, Patrick Field, and Gina Swirsding. Ballots were signed by each individual present, then counted and tallied by the Executive Assistant for the MHC. • Members present voted and the Chair elected for 2018 is Barbara Serwin • The Vice Chair elected for 2018 is Duane Chapman • The Executive Committee elected for 2018 is: -The new Chair and Vice Chair will serve, along with the newly elected members, that obtained the highest number of votes: Diana MaKieve, Meghan Cullen and Mike Ward | *The new 2018 elected members will serve as of January 2018 |
| X. | <p>RECEIVE Commission Representative Reports</p> <ol style="list-style-type: none"> 1) AOD Advisory Board- Sam Yoshioka- not present 2) CPAW General meeting-Douglas Dunn 3) Children's Committee- Barbara Serwin <ul style="list-style-type: none"> • Barbara can no longer attend meeting • Gina Swirsding volunteered to start attending meetings in January 2018 4) Council on Homelessness- no report, no MHC member currently attending meetings | |
| XI. | Adjourn Meeting @6:24pm | |

Submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS Behavioral Health Administration
Final minutes approved 12/6/17